

EXHIBIT Y

**To Declaration of Micah West in Support of
Motion for Preliminary Injunction
& Motion for Class Certification**

State of Alabama Unified Judicial System Form C-10 Page 1 of 2 Rev.2/95	AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER	Case Number _____
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IN THE _____ COURT OF _____, ALABAMA
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: _____ v. _____

Plaintiff(s)
Defendant(s)

TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____

☐ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.

☐ **CIVIL CASE--** (such as paternity, support, termination of parental rights, dependency) – I am financially unable to hire an attorney and I request that the court appoint one for me.

☐ **CRIMINAL CASE--** I am financially unable to hire an attorney and request that the court appoint one for me.

☐ **DELINQUENCY/NEED OF SUPERVISION--** I am financially unable to hire an attorney and request that the court appoint one for my child/me

AFFIDAVIT

SECTION 1.

1. IDENTIFICATION

Full name _____ Date of Birth _____

Spouse's full name (if married) _____

Complete home address _____

Number of people living in household _____

Home telephone number _____

Occupation/Job _____ Length of employment _____

Driver's license number _____ *Social Security Number _____

Employer _____ Employer's telephone number _____

Employer's address _____

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply)

☐ AFDC ☐ Food Stamps ☐ SSI ☐ Medicaid ☐ Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income	\$ _____
Spouse's Monthly Gross Income (<i>unless a martial offense</i>)	_____
Other Earnings: Commissions, Bonuses, Interest Income, etc,	_____
Contributions from Other People Living in Household	_____
Unemployment/Workmen's Compensation,	_____
Social Security, Retirements, etc,	_____
Other Income (<i>be specific</i>) _____	_____

TOTAL MONTHLY GROSS INCOME \$ _____

Monthly Expenses:

A. Living Expenses	\$ _____
Rent/Mortgage	_____
Total Utilities: Gas, Electricity, Water, etc	_____
Food	_____
Clothing	_____
Health Care/Medical	_____
Insurance	_____
Car Payment(s)/Transportation Expenses	_____
Loan Payment(s)	_____

*OPTIONAL

Form C-10 Page 2 of 2 Rev.2/95	AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER	
Monthly Expenses:(cont'd page1) Credit Card Payment(s) _____ Educational/Employment Expenses _____ Other Expenses (be specific) _____ <div style="text-align: right;">Sub-Total</div>		A \$ _____
B. Child Support Payment(s)/Alimony _____	\$ _____	
Sub-Total		B \$ _____
C. Exceptional Expenses _____	\$ _____	
TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)		\$ _____
Total Gross Monthly Income Less total monthly expenses:		
DISPOSABLE MONTHLY INCOME		\$ _____
4. LIQUID ASSETS: Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) \$ _____ Equity in Real Estate (value of property less what you owe) _____ Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe) _____ Other (be specific) _____ Do you own anything else of value? <input type="checkbox"/> Yes <input type="checkbox"/> No (land, house, boat, TV, stereo, jewelry) _____ If so, describe _____ <div style="text-align: right;">TOTAL LIQUID ASSETS</div>		
5. Affidavit/Request I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury, I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provide by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel, Sworn to and subscribed before me this _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ day of _____, _____ _____ Judge/Clerk/Notary </div> <div style="width: 50%; text-align: right;"> _____ Affiant's Signature _____ Print or Type Name </div> </div>		
ORDER OF COURT		
SECTION II IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS: <input type="checkbox"/> Affiant is not indigent and request is DENIED. <input type="checkbox"/> Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay \$_____ towards the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ordered and disbursed as follows: _____ <input type="checkbox"/> Affiant is indigent and request is GRANTED. <input type="checkbox"/> The prepayment of docket fees is waived.		
IT IS FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent affiant. IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court. Done this _____ day of _____ <div style="text-align: right; margin-top: 20px;"> _____ Judge </div>		

State of Alabama Unified Judicial System Form C-10A Page 1 of 2 Rev.2/95	AFFIDAVIT OF SUBSTANTIAL HARDSHIP	Case Number _____
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IN THE _____ COURT OF _____, ALABAMA
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: _____ v. _____

Plaintiff(s)
Defendant(s)

TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____

☐ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.

☐ **CIVIL CASE--** (such as paternity, support, termination of parental rights, dependency) – I am financially unable to hire an attorney and I request that the court appoint one for me.

☐ **CRIMINAL CASE--** I am financially unable to hire an attorney and request that the court appoint one for me.

☐ **DELINQUENCY/NEED OF SUPERVISION--** I am financially unable to hire an attorney and request that the court appoint one for my child/me

AFFIDAVIT

SECTION 1.

1. IDENTIFICATION

Full name _____ Date of Birth _____

Spouse's full name (if married) _____

Complete home address _____

Number of people living in household _____

Home telephone number _____

Occupation/Job _____ Length of employment _____

Driver's license number _____ *Social Security Number _____

Employer _____ Employer's telephone number _____

Employer's address _____

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply)

☐ AFDC
 ☐ Food Stamps
 ☐ SSI
 ☐ Medicaid
 ☐ Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income	\$ _____
Spouse's Monthly Gross Income (<i>unless a martial offense</i>)	_____
Other Earnings: Commissions, Bonuses, Interest Income, etc,	_____
Contributions from Other People Living in Household	_____
Unemployment/Workmen's Compensation,	_____
Social Security, Retirements, etc,	_____
Other Income (<i>be specific</i>) _____	_____
TOTAL MONTHLY GROSS INCOME	\$ _____

Monthly Expenses:

A. Living Expenses	\$ _____
Rent/Mortgage	_____
Total Utilities: Gas, Electricity, Water, etc	_____
Food	_____
Clothing	_____
Health Care/Medical	_____
Insurance	_____
Car Payment(s)/Transportation Expenses	_____
Loan Payment(s)	_____

***OPTIONAL**

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AFFIDAVIT OF SUBSTANTIAL HARDSHIP

Monthly Expenses:(cont'd page1)

Credit Card Payment(s) _____

Educational/Employment Expenses _____

Other Expenses (be specific) _____

Sub-Total

A \$ _____

B. Child Support Payment(s)/Alimony

\$ _____

Sub-Total

B \$ _____

C. Exceptional Expenses

\$ _____

TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)

\$ _____

Total Gross Monthly Income Less total monthly expenses:**DISPOSABLE MONTHLY INCOME**

\$ _____

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)

\$ _____

Equity in Real Estate (value of property less what you owe)

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe)

Other (be specific)

Do you own anything else of value? ☐ Yes ☐ No

(land, house, boat, TV, stereo, jewelry)

If so, describe _____

TOTAL LIQUID ASSETS

\$ _____

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury, I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provide by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel,

Sworn to and subscribed before me this

_____ day of _____, _____

Affiant's Signature

Judge/Clerk/Notary

Print or Type Name

State of Alabama Unified Judicial System Form C-10B Rev.2/95	ORDER APPOINTING COUNSEL (INDIGENT)	Case Number
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IN THE _____ COURT OF _____, ALABAMA
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: _____ v. _____

Plaintiff(s)
Defendant

☐ STATE OF ALABAMA

☐ Municipality of _____ v. _____

Defendant

☐ IN THE MATTER OF _____, a child

IT IS, THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:

☐ Affiant is not indigent and request is DENIED.

☐ Affiant is partially indigent and able to contribute monetarily towards his defense; therefore, defendant is ordered to pay \$_____ toward the anticipated cost of appointed counsel. This amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows:

☐ Affiant is indigent and request is GRANTED.

☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____,
is hereby appointed as counsel to represent affiant. (Name of Attorney)

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____, _____

 Judge